

CLAIMS ONLY							Application Number 10753115		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1	/						51				
2		/					52	/			
3							53	/			
4		/					54		/		
5		/					55		/		
6		/					56		/		
7		/					57		/		
8		/					58		/		
9		/					59				
10		/					60				
11		/					61				
12	/						62				
13		/					63				
14		/					64				
15		/					65				
16		/					66				
17	/						67				
18		/					68				
19	/						69				
20	/						70				
21		/					71				
22		/					72				
23	/						73				
24		/					74				
25		/					75				
26		/					76				
27		/					77				
28	/	/					78				
29	/	/					79				
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32		/					82				
33	/						83				
34		/					84				
35		/					85				
36		/					86				
37		/					87				
38		/					88				
39		/					89				
40		/					90				
41		/					91				
42		/					92				
43		/					93				
44	/						94				
45		/					95				
46		/					96				
47		/					97				
48	/						98				
49		/					99				
50	/						100				
Total							Total				
Indep	15						Indep				
Total							Total				
Depend	43						Depend				
Total							Total				
Claims	58						Claims				

BEST AVAILABLE COPY